Brought to you by the State of Oregon
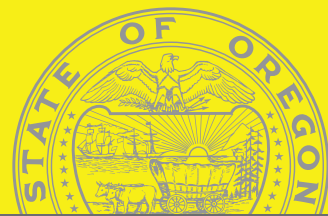
Have a problem with your insurance?

If you have problems after you sign up for insurance, contact the Division of Financial Regulation.

Visit go.usa.gov/x5GXa
Call 888-877-4894 (toll-free)
Email cp.ins@oregon.gov

Other languages or formats?

Call **1-855-268-3767** (toll-free) from 8 a.m. to 5 p.m. Monday through Friday to request this information in Español, Русский, Tiếng Việt, 汉语, 漢語, large print, or another format.

OREGON HEALTH INSURANCE MARKETPLACE

OregonHealthCare.gov | 855-268-3767

440-5168 (3/18/HIM)

Guide to Health Insurance for the LGBTQ Community

Affordable health plans are available to all Oregonians without discrimination.

Apply and enroll to avoid a penalty for not having coverage.

YOUR FUTURE. TAKE CONTROL.

Transgender health care

Applying for coverage:

- When you apply for coverage, you should use the name on your Social Security card to prevent inconsistencies. The system will verify your identify using the Social Security Administration databases. You should also select the sex that appears on the majority of your legal documents. **HealthCare.gov** will not verify your sex against any other records, but the information on your application for coverage will be sent to your health insurance company.

Plans with transgender exclusions:

- Before enrolling in a plan, you should look at the complete terms of coverage that is included in the Evidence of Coverage, Certificate of Coverage, or other documents available from the insurer and on **HealthCare.gov**. These documents explain the full terms of coverage, including exclusions. If you have questions about what may or may not be covered by the plan, it is best to contact the insurance company directly and refer to the specific plan name as listed on the Summary of Benefits or other plan documents. Transgender health insurance exclusions may be unlawful sex discrimination. Health care law prohibits discrimination on the basis of sex, among other bases, in certain health programs and activities.

Preventive services:

- Plans purchased through **HealthCare.gov** must cover a set of preventive services such as immunizations and screening tests. Your health insurance company cannot limit sex-specific recommended preventive services based on your sex assigned at birth, gender identity, or recorded gender. If your doctor determines that the preventive service is medically appropriate for you, and you meet the criteria for the recommendation and coverage requirements, your plan must cover the service for you as outlined in the Summary of Benefits or other plan documents.

Find more information at **HealthCare.gov/Transgender-Health-Care/.**

RESOURCES

FENWAY HEALTH: LGBT HELPLINE
bit.ly/FenwayHelpline

OREGON TRANS HEALTH PROVIDER LIST
OregonTransHealth.com

TEN THINGS TRANSGENDER PEOPLE SHOULD DISCUSS WITH THEIR PROVIDER
bit.ly/10ThingstoDiscuss

WHERE TO START, WHAT TO ASK: STRONG FAMILIES GUIDE FOR LBGT PEOPLE CHOOSING HEALTHCARE PLANS
bit.ly/LGBTguide

Q: Can I get help to pay for health insurance?

A: Yes. Last year, seven out of 10 Oregonians who bought insurance on HealthCare.gov received an average of $346 per month to help pay for their insurance.

Household size	Earn less than this each year? You may get financial help.
1	$48,240
2	$64,960
3	$81,680
4	$98,400
5	$115,120

Q: Who should I include in my household?

A: Marketplace plans that offer family coverage to a different-sex couple must offer the same coverage to same-sex married couples. You and your spouse should apply together if you are legally married and plan on filing federal taxes jointly.

Q: Do I really need health insurance? I never get sick.

A: Health insurance helps you stay healthy by covering preventive care, and it helps you avoid costly medical bills in the event of an illness or accident. If you have an accident and need surgery, you may pay $40,000 or more. Health plans offered through HealthCare.gov and the Oregon Health Plan (OHP) include some preventive services at no cost.

Q: I don't want to sign up. Is the penalty for not having insurance really so bad?

A: If you go without insurance for three or more months in a year, you will pay a penalty. It is at least $695 for every adult in your family, plus $347.50 for every child. That is a lot to pay for nothing in return, especially since the average cost of a plan in Oregon is just $208 a month, after financial assistance.

Q: How do I find the best plan?

A: Here are the most important things to consider:

- Think about the type of care you need.
- Think about doctors or hospitals you want to keep visiting, as well as prescriptions you need covered.
- Think about how much you can spend, and look for plans that fit your budget. Consider the monthly payment, deductibles, and co-pays.

Q: This is confusing. Can someone help me?

A: Yes. Local community organizations and insurance agents across the state can help you find the health insurance plan that is best for you. Their help is free. Visit OregonHealthCare.gov or call 1-855-268-3767 (toll-free) to find someone near you.

Oregon Health Plan (Medicaid)

Is your monthly income less than $1,396 as an individual or $2,887 as a family of four?

You and your family could qualify for free health coverage through the Oregon Health Plan (OHP). You can apply and enroll in OHP throughout the year. When it is time to renew your OHP, you will get a letter in the mail.

For more information or to apply for free or low-cost health insurance through OHP, visit **One.Oregon.gov** or locate a community partner near you.

DON'T MISS THESE IMPORTANT DATES

NOV. 1

First day of Open Enrollment to sign up, renew, or change plans.

DEC. 15

Last day to apply and enroll into a health plan, unless you experience a qualifying life event mid-year. To learn about Special Enrollment Periods, visit bit.ly/QE-SEP

TAKE ACTION NOW

SIGN UP, RENEW, OR CHANGE PLANS

HealthCare.gov

800-318-2596 (toll-free)

(TTY: 855-889-4325) 24 hours a day

GET FREE LOCAL HELP

OregonHealthCare.gov

855-268-3767 (toll-free)

8 a.m. to 5 p.m. Monday - Friday